



MEDICAL CONSENT FORM

Student/Chaperone Name

Part I or II Must Be Completed

Part I – To Grant Consent

In the event reasonable attempts to contact the parents or other designated persons at the numbers listed are unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by the attending doctor or dentist, if preferred is unavailable.
2. The transfer of the child/individual to the preferred hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two (2) licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Authorized Signature

Date

Address

Phone

Part II – Refusal To Consent

I do **NOT** give my consent for emergency treatment of myself or my child. In the event of illness or injury requiring emergency treatment, I wish school authorities to take no action or to:

Authorized Signature

Date

Address

Phone



MEDICAL CONSENT FORM - 2

Student/Chaperone Name

Special medical problems and Allergies

Phone numbers where your parents can be reached during the trip

Home Phone

Work Phone

Cell Phone

Work Phone

Cell Phone

Person to be contacted if parents are unavailable

Name

Home Phone

Alternate Phone

Doctor Name

Work Phone

Dentist Name

Work Phone

Orthodontist Name

Work Phone

Preferred Hospital

Insurance Company

ID Number

Group Number

Phone Number